



## RESIDENTIAL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) CERTIFICATION FORM

Certification shall be completed by a state licensed contractor (A, C-36, or C-42) or other qualified professional/ service provider (P.E., C.E.G., R.E.H.S., etc.). For more information, call or text 800-442-2283.

APPLICANT INFORMATION					
Property Owner:			Applicant Name:		
Property Address:					
Phone Number:		APN:		Email:	
Building Permit Number (if applicable):					
PROPERTY INFORMATION					
Number of Units:		Number of Bedrooms:		Number of Bathrooms:	
Garbage Disposal:    Y    N		Residence Vacant:    Y    N    How long?		Basement:    Y    N	
SEPTIC TANK INFORMATION					
Tank Material:			Dimensions in Feet (L x W x D):		
Type of Cover (specify):		Tank Capacity (gallons):		Number of Compartments:	
Age of Tank:		Date the tank was last pumped (mo/yr):		Disposal Area Age:	
Specify any damage or defects observed:					
TYPE OF DISPOSAL AREA					
Seepage Pit:		Leachlines:		Other (specify):	
Distance from Well:		ft.		Distance from Foundation:	
Distance from Nearest Lot Line:		Front:                      ft.		Rear:                      ft.	
		Side:                      ft.			
Specify any damage or defects observed:					
SEEPAGE PITS					
Number of Pits:		Outside Diameter:		ft.    Depth:                      ft.	
Depth of Pit Below Inlet:		ft.		Lining Material (specify):	
LEACHLINES					
Number of Lines:		Trench Width:		in.    Average Length of Lines:	
				ft.	
Total Absorbtion Area (Bottom of trenches):		sq ft.		Depth (Finish grade to top of line):	
				in.	
Distance Between Lines:		ft.		Type of Filter Material Below Line:	
Depth of Material Above Line:		in.		Depth of Material Below Line:	
				in.    Leachlines Covered:    Y    N	
Plastic Leaching Chambers			Bundled Expanded Polystyrene Synthetic Aggregate Units		
Specify indications of previous system failures (odors, seepage, etc.). Attach additional pages if necessary:					
HYDRAULIC TEST					
Dye Test:    Y    N		Hydraulic Test:    Y    N			
Length of Time Added (minimum 60 minutes):		mins.		Time to Return to Initial (maximum 30 minutes):	
				mins.	
Liquid Level Rise:		in.		Number of Gallons (minimum 300 gallons):	
				gallons	
Notes:					

